HOLLYWOOD GYNAECOLOGY

MIDURETHRAL TAPE PROCEDURES

Post-Operative Information

Midurethral tape procedures, such as TVT (tension-free vaginal tape) or TOT (transobturator tape), are commonly used to treat **stress urinary incontinence** — the unintentional loss of urine during activities like coughing, sneezing, laughing, or exercise.

The procedure involves placing a narrow strip of synthetic mesh under the urethra (the tube that carries urine out of the body) to provide support and help prevent leakage. The tape acts like a hammock to keep the urethra closed during moments of pressure.

Surgery is usually performed under a general or spinal anaesthetic and involves a short hospital stay or day surgery. Most women recover quickly and experience a significant improvement in bladder control.

Midurethral tape procedures are considered effective and minimally invasive, with high success rates and a relatively short recovery period.

Your procedure item numbers may include:

- Mid Urethral Tape
- MID URETHRAL TAPE + Cystoscopy
- Removal of Foreign Body in Deep Tissue (e.g. R/O Tape)
- Removal or Division of Urethral Sling for Obstruction or Erosion
- Ureteric Catheters

Most patients stay in hospital for 1–2 days and recover fully within 4–6 weeks.

Pain

It is common to have pelvic or abdominal discomfort after surgery. Use your prescribed pain relief as needed.

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Vaginal Discharge and Bleeding

You may have some light vaginal bleeding initially which will resolve in 1-2 weeks.

The sutures, both vaginal and on the skin, will dissolve. As this occurs you may experience some bleeding as well as a change in the type of discharge. A slight odour is also considered normal but, if this becomes malodourous, please call us immediately.

Contact the Rooms or your GP if bleeding becomes heavy or you pass clots larger than a 50-cent coin. If you are soaking more than a pad an hour or feel lightheaded or dizzy please present to your closest emergency department.

Exercise and Physical Activity

You may gradually return to your usual level of activity as your energy allows. It is safe to resume normal daily tasks, including light housework, as tolerated. However, in the first 6 weeks, please avoid more strenuous activities such as sweeping, mopping, or vigorous exercise. Slowly walking up and down stairs in your house will not hinder your recovery. Stairs are safe to use. However, please stop if you feel pain.

As a general rule:

- If you can lift something (e.g. a full kettle) without thinking about it — it's safe.
- If you need to brace yourself or hold your breath to lift it (e.g. a bag of potting mix) - avoid it for 6 weeks

When to resume specific activities:

- Walking: Immediately
- High-impact exercise/aerobics: After 6 weeks
- Weight training & abdominal exercise: After 6 weeks

If any form of exercise causes you significant discomfort, you must stop it immediately.

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Time Off Work

Time off work will depend on your job and the procedure performed:

- **Desk-based jobs**: Usually 2–3 weeks.
- **Physically demanding roles**: Typically 4–6 weeks.

Bathing and Swimming

Avoid for 4-6 weeks.

Driving

Most patients can drive after 1–2 weeks if:

- No longer taking strong pain medications
- Can perform an emergency stop without hesitation or pain

Please check your car insurance policy for specific post-surgical requirements. Always follow your insurer's advice if they require a longer recovery period before driving.

Intercourse

May resume 4-6 weeks post-operatively once healing is complete and discomfort has resolved.

Bowel Care

Constipation is common after surgery. Fasting, bed rest and medications for pain can all contribute to slowing of bowel function in the first few days. Constipation can lead to significant post op pain, so it is important to prevent and manage.

To avoid constipation:

- Drink plenty of fluids, mobilise and eat a healthy fibre rich diet as soon as possible post op
- Use over-the-counter options like **Movicol** (softens and bulks stool to naturally trigger a bowel movement) or **Coloxyl** (stool softener) before constipation becomes a problem.
- If you feel that your rectum is full but you are unable to evacuate it, **glycerine suppositories** may also help
- Sometimes a Microlax or fleet enema may be required, if constipation is severe. All of these medications can be purchased without a prescription from any pharmacy.

If constipation persists despite the above, please contact your GP.

TED Stockings

You do not need to wear compression stockings at home unless advised by your surgeon.

Pain Relief

You may be prescribed:

- **Paracetamol** and **anti-inflammatories** – take regularly as directed
- **Stronger pain relief** (e.g. Tapentadol) - use if pain isn't controlled by the above. We recommend taking this if your pain level reaches 3–4/10, rather than waiting until pain becomes severe.

Vaginal Medications

You may restart vaginal oestrogen (e.g. Ovestin, Vagifem) 3 weeks post-op.

Wait 1–2 more weeks if insertion is uncomfortable.

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Follow-Up Appointment

A follow-up appointment will be scheduled 1–6 weeks after surgery.

Wounds

You will have 2 small wounds just above the pubic bone, closed with either sutures or glue. These do not support the tape, they merely close the skin. The sutures will fall out after 2-3 weeks.

- There will usually be no dressings on these wounds. If there are, the dressings can be removed after 48 hours.
- Dermabond glue is waterproof and will come off naturally
- Wounds can be gently washed with soap and water

When to Seek Medical Advice

Please contact our Rooms or your GP if you experience any of the following:

- Increasing pain in the abdomen, pelvis or back, not relieved by taking analgesia, or is severe when you move, breathe or cough
- Persistent or heavy vaginal bleeding or discharge, or passage of large clots
- Offensive smelling vaginal discharge
- An elevated temperature or fever
- Shortness of breath or chest pain
- Swelling of your abdomen
- Nausea or vomiting that is worsening
- Pain, burning or stinging, or difficulty when passing urine
- Persistent or worsening redness, pain, discharge, increasing swelling or an enlarging bruise around your wound

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Contact Details

Dr Leake, Dr Pontré and Dr Fitzgerald

- **During business hours:** Call the Rooms at (08) 9389 5065
- **Non-urgent post-op questions:** Email: nurse@leake.com.au

Dr Karthigasu, Dr Robertson and Dr Julania

- **During business hours**: Call the Rooms at (08) 93898900
- **Non-urgent post-op questions:** Email: reception@karthigasu.com
  info@drpipparobertson.com
  reception@julania.com.au

Please note: emails are not monitored 24/7

Emergency requiring urgent care: Attend **KEMH Emergency Department or your closest hospital.**

In a medical emergency (e.g. difficulty breathing, chest pain, or very heavy bleeding): Call **000** immediately.